



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	70,000				
External Revenue	(70,000)				
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>*</b>				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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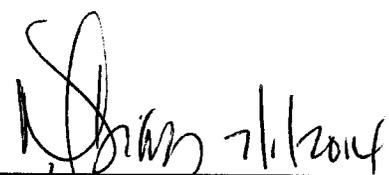
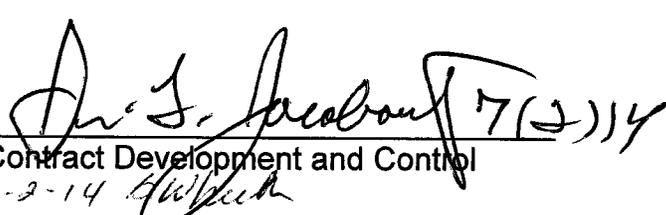
Is Item Included In Current Budget: Yes  No   
 Budget Account No.:  
 Fund 0001 Dept. 148 Unit 1356 Obj. 3401 Program Code      Program Period:     

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 \* Above fiscal impact if grant is awarded.

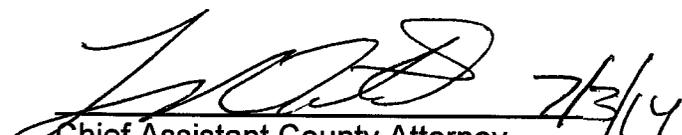
**C. Departmental Fiscal Review:** J. Malhotra  
 for Taruna Malhotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

 OFMB <u>AK-33</u> 7/1 7/1/14	 Contract Development and Control 7-2-14
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**B. Legal Sufficiency:**

  
 Chief Assistant County Attorney 7/3/14

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

**BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT**

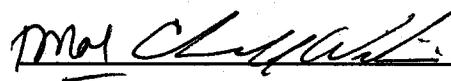
BGEX - 148 - 061814\*1514  
BGRV - 148 - 061814\*0583

**FUND (0001) - General Fund**

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 6/18/14	REMAINING BALANCE
<b>REVENUE</b>								
148 1356 3168	Fed Grant Indirect-Human Services	0	0	70,000	0	70,000		
	<b>Total Revenue</b>	<b>1,070,918,243</b>	<b>1,082,193,339</b>	<b>70,000</b>	<b>0</b>	<b>1,082,263,339</b>		
<b>EXPENDITURE</b>								
148 1356 3401	Other Contractual Services	0	0	70,000	0	70,000		
	<b>Total Expenditures</b>	<b>1,070,918,243</b>	<b>1,082,193,339</b>	<b>70,000</b>	<b>0</b>	<b>1,082,263,339</b>	<b>798,028,864</b>	<b>284,234,475</b>

**COMMUNITY SERVICES**  
**INITIATING DEPARTMENT/DIVISION** Channell Wilkins  
**Administration/Budget Department Approval**  
**OFMB Department - Posted**

<b>Signatures</b>	<b>Date</b>
	10-24-14
_____	_____
_____	_____

**By Board of County Commissioners  
At Meeting on July 22, 2014**

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**Deputy Clerk to the  
Board of County Commissioners**



MEMORANDUM

TO: Priscilla A. Taylor, Mayor
Board of County Commissioners
THRU: Robert Weisman, County Administrator
Board of County Commissioners
THRU: Jon Van Arnam, Assistant County Administrator
Board of County Commissioners
FROM: Channell Wilkins, Director
Community Services Department
DATE: June 17, 2014

RE: 2014 DCF Homeless Prevention Grant Application

\*\*\*\*\*

Pursuant to Section 309 of the Administrative Code, your signature is needed on the 2014 DCF Homeless Prevention Grant Application. This application totals \$70,000 for homeless prevention services for families to include rent and utility assistance. This grant shall be effective on the last signature date set forth, through June 30, 2015. Follow-up services are required to be provided through June 30, 2016. As per the grant requirement, the Division of Human Services, serving as the Lead Agency must apply for the funds. No match is required for this grant. This is a new grant for sub grantee, The Center for Family Services of Palm Beach County, Inc., and the budget will be amended at the time of ratification.

Upon receipt of the funds, a subcontract will be executed with The Center for Family Services of Palm Beach County, Inc. to provide the homeless prevention services for homeless families.

The Homeless Prevention Grant Request for Application was released on May 28, 2014 with instructions to return it by June 23, 2014 by 1:00 p.m. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular BCC agenda process. Staff will submit this item at the Board's August 19, 2014 Commission Agenda.

If additional information is needed, please contact Claudia Tuck, at (561) 355-4775.

mal
Director, Financial & Support Services

OFMB

for
Chief Assistant County Attorney

Assistant County Administrator

Attachments: DCF Homeless Prevention Grant Application (3)
Certification Regarding Lobbying Form
Applicant Certification

Department of Community Services
Division of Human
and Veteran Services
810 Datura Street, Suite 350
West Palm Beach, FL 33401-5211
(561) 355-4775
FAX: (561) 355-4801
www.pbcgov.com

Palm Beach County
Board of County
Commissioners

Priscilla A. Taylor, Mayor
Paulette Burdick, Vice Mayor
Hal R. Valeche
Shelley Vana
Steven L. Abrams
Mary Lou Berger
Jess R. Santamaria

County Administrator
Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"



THE CENTER FOR FAMILY SERVICES  
OF PALM BEACH COUNTY, INC.

June 10, 2014

4101 Parker Avenue  
West Palm Beach, FL 33405  
561-616-1222  
561-616-1230 FAX  
www.ctrfam.org

Jenifer Baker, Grant Manager  
Department of Children and Families  
1317 Winewood Blvd.  
Bldg. 3, Room 201  
Tallahassee, FL 32399-0700

RE: LETTER OF TRANSMITTAL

Dear Jenifer Baker:

This letter will confirm that Center for Family Services of Palm Beach County (CFS) is responding to the Homeless Prevention Grant Application (#LPZ13).

CFS is requesting \$70,000 in grant assistance through this application. CFS is proposing to operate and serve families at risk of homelessness. Our homeless prevention program provides rental and utility assistance. The program is designed to help prevent the incidence of homelessness in Palm Beach County. The assists families that are facing financial hardship due to a sudden reduction in their income or unexpected expenses such as medical expenses, a death in the family, the gap between the loss of employment and the securing of new employment which results in an accumulation of debt.

CFS is proposing to serve 35 unduplicated families during the grant cycle. Daniel Ramos, Program Director will serve as the point of contact for this application. Daniel can be reached at 561-889-3548 or at 561-616-1222. His fax number is 561-616-1230 and his email address is dramos@ctrfam.org

If you have any questions or require additional information, please do not hesitate to contact me.

Respectfully,

Dr. Ted Greer, Jr.  
Chief Executive Officer

Cc: Daniel Ramos, Program Director  
Melissa Moore, Chief Financial Officer

Programs

Individual and Family Counseling

Substance Abuse Treatment Services

Partners for Change

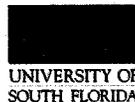
SAFE Kids Program

Pat Reeves Village Program REACH

HIPPY Program

Life Enrichment EAP

Licensed by the State of Florida,  
Department of Children and Families



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**Tab 1: Application Content**

## Application Content

1. Applicant's name: Palm Beach County Board of County Commissioners

Applicant's tax identification number: 596000785

2. Applicant's DUNS number: 078470481

3. Mailing Address: 301 North Olive Avenue  
West Palm Beach, FL 33401

4. Grant-funded services will be carried out by sub-grantee:

Center for Family Services of Palm Beach County, Inc

Sub-Grantee tax identification number: 591084179

Sub-Grantee Address: 4101 Parker Avenue

West Palm Beach, Fl. 33405

5. Sub-Grantee's last completed fiscal year covered the period from July 1, 2013 – June 30, 2014. During the last completed fiscal year, the Housing Stabilization Program operated with a total budget of \$544,752.

6. Sources of Sub-Grantee revenue received:

- Grantor Agency: Palm Beach County  
Grant Program Name: Financially Assisted Agencies  
Amount of Award: \$157,754
- Grantor Agency: United Way  
Grant Program Name: United Way of Town of Palm Beach  
Amount of Award: \$37,960
- Grantor Agency: Palm Beach County  
Grant Program Name: Emergency Solution Grant  
Amount of Award: \$ 44,126
- Grantor Agency: United Way  
Grant Program Name: Emergency Food and Shelter Program  
Amount of Award: \$52,869
- Fundraising/Donations: \$252,043

7. Sub-grantee's point-of-contact:

Daniel Ramos 561-514-0564

dramos@ctrfam.org

**Tab 2: Project Narratives**

## **PROJECT NARRATIVES**

The Center for Family Services mission is to strengthen families through counseling, education, and homeless intervention. The Center for Family Services (CFS) has been serving individuals and families in Palm Beach County since 1961. Pat Reeves Village/Program REACH (Responding to Emergencies Altering the Crisis of Homelessness), is a program of CFS, providing numerous services which include Emergency/Interim Housing for homeless families with children. In addition we also operate the county's Travelers Aid program where we assist families and individuals travel out of state via Greyhound. We also operate a homeless prevention program where we assist families that are at risk of homelessness stay in their homes by providing financial assistance and wrap-around services through our Case Management program. Pat Reeves Village/Program REACH has enjoyed a long-standing collaboration with key partners as part of Palm Beach County's homeless continuum of care system. These partner agencies include the Philip D. Lewis Center, Adopt-A-Family, the Lord's Place, the YWCA, Aid to Victims of domestic Violence (AVDA), Legal Aid Society and others. CFS also collaborates with the Palm Beach County School District, Bridges programs, local churches and other organizations, to bring additional services to benefit the families we serve. CFS has partnered with the Philip D. Lewis Center since it opened on July 2, 2012. As a member in good standing of the Homeless and Housing Alliance, CFS has partnered with the vision of the County in carrying out its Ten Year Plan to end homelessness in Palm Beach County. CFS works closely with the family navigation and assessment department of the Philip D. Lewis Center, to help in the assessment and placement of families that are experiencing homelessness in Palm Beach County.

## **PROPOSED PROGRAM OPERATIONS:**

### **1. Method by which the applicant will take applications for assistance from eligible families;**

When a client or an advocate on behalf of the client calls or a walk-in to the office seeking assistance, the first step is to obtain general information concerning the hardship to determine if the client qualifies for the program. A client will be deemed ineligible if they are already homeless or if they are not able to prove they can pay for the rent/mortgage/ utility moving forward. Part of the screening process will include checking the HMIS (Homeless Management Information System) to see if the client has received this service from another organization. CFS will also check to see if the client meets the income guideline articulated in the funding source. CFS will then proceed to identify what hardship the client experienced that led to their request for assistance. Once CFS determines that the client meets the eligibility criteria for the program, we will then schedule an appointment in order to formalize the partnership with the client. At this meeting, CFS will have the client fill out all of the necessary documentation for their case and we will collect all of the supporting documentation the client is required to submit. The documentation that the client will have to provide will include evidence of the hardship that led to the request for services, a late or eviction notice or a utility shut-off notice, proof of income (earned income, Social Security, child support, etc.). Once all of the necessary documentation is completed, we will then submit a check request for the payment to be made to the vendor. Staff will also contact the vendor and confirm a commitment for payment. The next step will be to communicate with the client on a timely basis as to the status of their request.

**2. How the applicant will keep these families informed on the status of their request for assistance;**

CFS is committed to maintain communication with each approved applicant for financial assistance regarding their request for assistance. Communication will be maintained until payment is made and confirmed receipt by the vendor.

**3. The eligible grant funded services to be provided, and the specific housing costs to be covered by the direct financial assistance;**

The services that will be included when working with the families served in the program are, case management services, assistance with past due mortgage, rent and utility payments, and referrals for other services. Referrals can be made for additional services such as mental health services, financial management assistance, job leads and employment readiness programs, access to medical services, access to food stamps and Medicaid services, and voter registration assistance. Of the \$70,000 total grant request, 77% or \$53,900 will be allocated for direct housing/utility assistance.

**4. How the grantee will provide case management reviews to document family eligibility and housing stability plan;**

Part of the case management services will include an initial housing stability plan that will be created together with the client. This plan will focus around income, housing, and any other needs the family may have and set goals and objectives to meet those needs. CFS is a firm believer of empowering our clients and serves more in a supporting role becoming part of their support network in order to achieve self-sufficiency. We further believe that our clients need to be the leaders' in their housing stability plan, and respect their voice in the process. The goal of the partnership between the center and the client besides meeting the immediate financial needs of the family is to build a relationship that will better serve the client for the long-term. Follow-up case management client contact will take place at least every 30 days and will be documented accordingly in the client's file.

**5. Describe any preferences, or priorities used to select eligible families to be assisted, and how those preferences or priorities shall be determined/documented;**

Families that can meet all of the eligibility criteria and provide documentation verifying that they will be able to make their required payments for rent/mortgage/utility moving forward will be given priority for the assistance.

**6. The number of families to be assisted;**

CFS is anticipating serving at least 35 unduplicated households with the funds we are requesting.

**7. How often a family can apply and receive assistance, and the limit on the number of times a family will be assisted;**

To ensure the limited grant funds are stretched to assist as many families as possible, families can only receive financial assistance once in the grant year cycle.

**8. The maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served;**

The maximum level of financial assistance the client can receive through this grant will not exceed \$2,500 and not more than four months in arrears. In a case where the financial need of the client exceeds the \$2,500 limit. CFS may choose to use other funding sources when available to fill the gap

of the amount needed to prevent homelessness. We anticipate the average cost per family with DCF funding will be \$1,540.

**9. The content of each applicant's case file used to establish the family's eligibility for assistance;**

A client file will be created and reviewed for each household served through this grant. That client file will include an eligibility application for services, consent for services, authorization for release of information, a monthly expense/budget form, a housing stability plan with timelines to achieve goals including housing outcome achieved, a referral log, a client follow-up agreement form, at least monthly case notes, photo copies of id, social security cards, proof of income, the late notice or eviction notice, and any other documentation needed to complete the service.

**10. In the case of the denial of assistance, describe the process by which the family can appeal the decision;**

In the case of a denial of assistance, a client may appeal the decision. The client can request to meet with the Program Director to discuss the eligibility determination further. If the client does not feel satisfied after meeting with the Program Director, the client can ask to speak with CFS' Chief Executive Officer. If a family does not meet the eligibility requirement for services, the client will be encouraged to reach out and engage other appropriate provider agencies in the community.

**11. Describe how your organization is participating in your community's HMIS;**

As an organization in good standing in our local Continuum of Care (Homeless and Housing Alliance) CFS participate in the HMIS system regularly. The HMIS system has proven to be a vital component of the homeless service delivery system in our community. Every organization providing services to homeless families and individuals on our community are strongly encouraged to enter each service their clients receive. This helps our community ensure that quality services are offered and provided and minimizes duplication of services. In addition, part of the initial screening procedure for assistance is to check in the HMIS system to review if the client has a service history. We receive annual report cards from the HMIS coordinator which informs us of any entries that either needs to be corrected or completed.

**12. Describe how your organization will track the assisted household's housing status following assistance provided under the grant award; and**

For each household that receives financial assistance, CFS will provide follow-up contact at least monthly and up to one year after receiving assistance. The monthly follow-up contact and assessment will be documented and kept in the client file. The follow-up contact will be made by the Case Manager to ensure the client is stabilized in their housing. The contact will also be made to identify any additional needs the client may have and make the appropriate referrals for services if CFS is not able to provide the assistance needed. Part of our continuous growth as an organization is to intentionally build relationships with other service providers in our community. This benefits the families we serve as we are able to refer them to providers to meet more of their overall needs.

**13. How the program will connect the family to other services and benefits they may need and be eligible to receive.**

Families will be connected to services they need and want through our Case Management component of the program. Families will be linked to appropriate services either by services CFS provides as

part of its service delivery system or through CFS's key community partners including members of Palm Beach County's Homeless Continuum of Care.

**Tab 3: Competitive Preference Criteria**

**Appendix III – Application Scoring Criteria**

**Statutory Preference: Leverage additional private and public funds.**

a. Document the source(s) and amount of public and private funding committed to the prevention program on the grant budget in Appendix IV, and the budget narrative to certify the binding commitment of these other funds.

Ratio of Public and Private \$ to Department Grant Request	Other \$ Committed Grant Request	\$ <u>102,869</u> \$ <u>70,000</u>
Town of Palm Beach United Way \$52,869 Private Foundations \$50,000		

<u>Score</u>	<u>Leverage Ratio</u>	Ratio:
<u>2</u>	Public to Private Funding	1.05:1
<u>2</u>	Other \$ Committed per \$1 of Grant Funding Requested	1.47:1

Other \$ Committed Per \$1.00 of Grant Funding Requested

- 0 No other public or private money committed
  - 1 Ratio less than 1:1
  - 2 Ratio more than 1:1 but less than 2:1
  - 4 Ratio over 2:1
- Score Claimed: 4

**Statutory Preference: Effectiveness in Keeping Families Housed**

c. Describe method used to capture the housing stability outcome and data available for the program year ending December 31, 2012.

Currently Pat Reeves Village tracks clients for a period of 30, 60 and 90 days with a follow-up phone call. We attempt to contact the client or a family member that we receive authorization to contact by the client in the case where we cannot successfully contact client. At the 6 and 12 month date we check the HMIS system to verify if the client has received additional services in our community. A spreadsheet is maintained to track the data of the clients follow-up.

Provide data on the clients served in calendar year 2012 on success in staying in their housing 12 months after the last program assistance was provided. Attach the data report, clearly citing the source of the data and report.

# Clients	Remain Housed		Remained Housed
Served in 2012: <u>23</u>	after 12 months: <u>18#</u>	<u>78</u> %	after 12 months

<u>Score</u>	<u>Data on Housing Stability</u>
0	No data was reported on clients assisted in Calendar Year 2012.
1	Less than 35% of the clients assisted remained in their permanent housing after

12 months.

- 2 More than 35% but less than 80% of the clients assisted remained in their permanent housing after 12 months.
- 5 More than 85% of the clients assisted were still in their permanent housing 12 months after the last program assistance was provided.

Score Claimed: 2

**Statutory Preference: Commitment of Other Assistance to the Family Receiving Help**

- c. The applicant demonstrates the commitment of other assistance available to and ready to be provided to the families being assisted, as evidenced by executed written agreements. Such agreements must define the role of supporting agency, the responsibility to respond to referrals for service, and the type and level of service that will be available to the family receiving the housing assistance for past due housing costs.

Copies of each executed agreement must be attached to claim points.

Written agreement provided for the following entities/services.

- a. Local workforce board for job training and placements
- b. Local business entity to make jobs available to the adults in the family assisted
- c. Local healthcare providers to address family health needs
- d. Local mental health providers to treat family mental illness needs
- e. Local substance abuse treatment for family member's addiction issues
- f. Local school district to ensure child of school age continues to access education
- g. Local early learning coalition to place young children in school readiness programs
- h. Local Head Start or other day care providers to place the children into daycare

<u>Score</u>	<u>Number of Executed Service Agreements</u>
0	No executed agreements
1	1 to 3 executed agreements
2	4 to 6 executed agreements
3	7 to 9 executed agreements

2

Score Claimed: \_\_\_\_\_  
(a, b, and c)

**Total Score Claimed:** 8  
(12 points max)

Follow-Up Form

Center for Family Services/Pat Reeves Village

Homeless Prevention 2012

DATE	IIDENTIFYING#	AMOUNT	RENT/UTILITY	#ADULTS	#CHILDREN	HOMELESSNESS AVOIDED	INFORMATION SOURCE
10/25/12	237072	\$953.00	RENT	1	2	NO	CMIS
11/6/12	185868	\$1,000.00	RENT	1	1	YES	CLIENT/CMIS
11/9/12	237491	\$950.00	RENT	1	1	NO	CMIS
11/30/12	24704	\$1,010.00	RENT	1	2	YES	CLIENT/CMIS
12/4/12	233962	\$1,000.00	RENT	1	2	YES	CLIENT/CMIS
12/14/12	144244	\$1,000.00	RENT	1	3	YES	CLIENT/CMIS
12/20/12	14816	\$1,000.00	RENT	1	4	YES	CLIENT/CMIS



# THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

4101 Parker Avenue  
West Palm Beach, FL 33405  
561-616-1222  
561-616-1230 FAX  
www.ctrfam.org

Re: Commitment of Other Assistance to the Family Receiving Help

Center for Family Services certifies that the agency has established working relationships with the following community partners in order to provide quality additional services to the families served.

### Programs

- Individual and Family Counseling
- Substance Abuse Treatment Services
- Partners for Change
- SAFE Kids Program
- Pat Reeves Village Program REACH
- HIPPY Program
- Life Enrichment EAP

### Commitment of Other Assistance to the Family Receiving Help:

AGENCY NAME	SERVICE OFFERED
Genesis	Healthcare provider to address family health needs
Foundcare	Healthcare provider to address family health needs
Children's Behavioral Health	Provides Mental Health Treatment to assisted families
Center for Family Services-Counseling Department	Mental Health Provider
Early Learning Coalition of Palm Beach County	Place young children in school readiness programs

Dr. Ted Greer, Jr.  
Chief Executive Officer

Date 6/12/2014

Licensed by the State of Florida,  
Department of Children and Families



RECEIVED MAR 11 2014

COLLABORATION AGREEMENT  
GENESIS COMMUNITY HEALTH CENTER, INC.

AND

CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

This Collaboration Agreement ("Agreement") is made and entered into this 10 day of March, 2014, by and between the Genesis Community Health Center, Inc., hereinafter referred to as "GCH" and Center for Family Services of Palm Beach County, Inc., hereinafter referred to as "CFS" to formalize our agreement regarding the provision of preventative dental services ("the Project").

GCH is a not for profit, Federally Qualified Health Center, that provides access to high quality primary health care services including, but not limited to preventative dental services;

CFS is a not for profit, founded in 1961 to provide affordable, quality counseling services for residents of Palm Beach County ;

GCH and CFS desire to collaborate with one another to make certain primary health care services available to the clients of CFS and for affordable counseling and psychiatric services to clients of GCH;

In consideration of their mutual agreement made herein, and for other good and valuable consideration, receipt of which is hereby acknowledged by each party, the parties hereby agree as follows:

**1. GENERAL SCOPE OF THIS AGREEMENT**

This Agreement shall set forth the responsibilities and obligations of each party in the implementation in the Project. It is the intent of both parties, in carrying out their respective obligations, to comply with all applicable laws and regulations in the provision of primary health care and mental health services.

**2. OBLIGATIONS OF GCH**

GCH will:

- A. Collaborate with CFS to create a bi-directional referral pipeline for clients of both entities.
- B. Collaborate with CFS to provide primary health care services including, preventive screening as well as health education services to the clients of CFS.
- C. Provide other services, such as patient and/or benefits navigation, as agreed to by the parties.
- D. Accept patients referred to GCH for more intensive services and provide referrals when necessary.

- E. Only provide primary health services that are within GCH's approved scope of project as determined by the Federal Health Resources and Services Administration.
- F. Ensure that medical and dental providers employed by GCH and providing services to CFS clients are operating within their scope of practice as defined by state law.
- G. GCH, at its sole expense, will secure and will maintain: (i) commercial general liability insurance covering itself, its respective employees, contractors and with commercially reasonable limits; and (ii) appropriate workers' compensation insurance as required by Florida law; and (iii) professional liability coverage in at least the minimum amounts as required by law, for GCH, which covers the provision of the medical services furnished by GCH at an approved site. Additionally, GCH, as an FQHC, is eligible to be "deemed" as employees of the Federal Government pursuant to the Federally Supported Health Centers Assistance Act of 1995 (Pub. L. 104-73). Upon such deeming, GCH and its employees and contractors would have protection under the Federal Tort Claims Act for claims relating to personal injury, including death, resulting from the performance of medical procedures required under this agreement. Such coverage would only be available to GCH and its employees and contractors and may not be extended to CFS.

**3. OBLIGATIONS OF CFS**

CFS agrees that it shall:

- A. Work with GCH to identify service needs and coordinate the delivery of services.
- B. Accept referrals for psychiatric services, counseling for individuals, families and children, as well as victims of abuse or violence, including sexual abuse, alcohol and substance abuse.
- C. Upon providing services CFS will bill the third party payer source for that patient unless other fiduciary arrangements have been made with GCH. These arrangements must be documented prior to services being provided.
- D. Provide such other services as may be agreed to by the parties.

**4. COMPENSATION:**

Neither party to this Agreement shall receive any compensation from the other for any of the services provided under this Agreement. However, both parties shall be able to bill and/or receive compensation, from individual clients and/or third-party payors, for services provided, as allowed by applicable law. Based on grant funding availability, GCH may compensate CFS for uninsured clients within CFS' sliding fee scale system.

**5. FURTHER AGREEMENTS OF THE PARTIES:**

- A. The relationship between CFS and GCH shall be that of independent contractors and this agreement shall not be construed to create between CFS and GCH an employee-employer relationship, a joint venture or partnership. CFS and GCH shall each be solely responsible for the hiring, termination, and all other matters relating to any persons, companies or corporations employed or retained by CFS or GCH for any reason whatsoever.
- B. The working relationship between the parties may require that each be made aware of confidential, trade secret, and other proprietary information belonging to the other. Each party shall keep all confidential material disclosed to the other, intentionally or inadvertently, confidential and take all reasonable precautions to assure that such information shall not be disclosed to third parties not named or specified in the Agreement.
- C. The parties agree to comply with applicable laws and regulations.

**6. TERM AND TERMINATION**

The term of this Agreement shall run from March 10, 2014 to December 31, 2014. Either party may terminate this Agreement for any reason upon thirty (30) days written notice to the other party.

**7. ASSIGNMENTS**

GCH and CFS each binds itself and its successors, legal representatives, and assigns of the other party to this Agreement and to the partners, successors, legal representatives, and permitted assigns of such other party, in respect to all covenants of this Agreement; and, neither GCH nor CFS may assign or transfer its rights and obligations in this Agreement without the written consent of each of the other parties.

**8. MUTUAL INDEMNIFICATION**

Each party covenants and agrees at all times to save, hold, and keep harmless each other party against any and all claims, demands, penalties, judgments, court costs, reasonable attorney's fee, and liability of every kind and nature whatsoever to the extent permitted by law arising out of or in any way connected or arising out of a party's performance of this Agreement. However, this indemnification shall not operate to release any party of liability for their own negligence.

**9. NOTICE**

All notices, requests, consents, and other communications required or permitted under this Agreement shall be in writing and shall be (as elected by the person giving such notice) hand delivered by messenger or courier service, or mailed by registered or certified mail (postage prepaid) return receipt requested, addressed to:

As to GCH:

Attn: DeAnna Warren, CEO  
Genesis Community Health, Inc.  
564 E. Woolbright Road  
Boynton Beach, FL 33435

As to CFS:

Attn: Dr. Ted Greer, Jr., CEO  
The Center for Family Services of Palm Beach County, Inc.  
4101 Parker Avenue  
West Palm Beach, FL 33405

or to such address as any party may designate by notice complying with the terms of this Section. Each such notice shall be deemed delivered (a) on the date delivered if by personal delivery, (b) on the date upon which the return receipt is signed or delivery is refused or the notice is designated by the postal authorities as not deliverable, as the case may be, if mailed.

**10. NON-WAIVER**

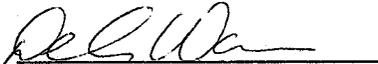
The rights of the parties under this Agreement shall be cumulative and the failure of any party to exercise properly any rights given hereunder shall not operate to forfeit any of the said rights.

**11. ENTIRE AGREEMENT; VENUE**

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior verbal or written agreements between the parties with respect thereto. This Agreement may only be amended by written document, properly authorized, executed and delivered by all parties hereto. This Agreement shall be interpreted as a whole unit and section headings are for convenience only. All interpretations shall be governed by the laws of the State of Florida. In the event it is necessary for either party to initiate legal action regarding this Agreement, venue shall be in Palm Beach County, Florida.

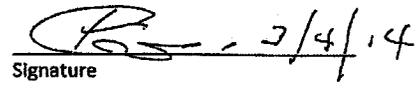
**IN WITNESS WHEREOF**, the parties hereto have accepted, made and executed this Agreement upon the terms and conditions above stated.

Genesis Community Health Center, Inc.

  
Signature

DeAnna Warren, CEO  
Print Name & Title

The Center for Family Services of Palm  
Beach County, Inc.

  
Signature

Dr. Ted Greer Jr., Chief Executive Officer  
Print Name & Title

## BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (BAA) is entered into on this 4<sup>th</sup> day of MARCH, 2014 by and between *FoundCare, Inc. (Agency)* and *The Center for Family Services of Palm Beach County, Inc. (Business Associate)*.

### 1) General:

Business Associate acknowledges and agrees that it is a business associate of Agency under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Regulations.

It is agreed by and between the parties hereto that the terms listed below are made a part of their contract and provide a full statement of their responsibilities under HIPAA.

Business Associate shall take all necessary actions consistent with HIPAA requirements to safeguard the Protected Health Information that Agency discloses to Business Associate other than as expressly permitted or required under contract with Business Associate. Business Associate shall not, without the prior written consent of Agency, disclose any Protected Health Information on the basis that such disclosure is required by law. In the event that Business Associate determines that a disclosure is required by law, the Business Associate shall notify Agency so as to provide Agency with an opportunity to object to the disclosure and seek appropriate relief. Business Associate shall require reasonable assurances from persons receiving Protected Health Information that such persons will provide Agency with similar notice and opportunity to object prior to disclosing Protected Health Information on the basis that such disclosure is required by law.

### 2) Obligations and Activities of Business Associate:

- a. Use or Disclosure: Business Associate agrees to not use or further disclose the information other than as permitted or required by contract with Business Associate or as required by law.
- b. Safeguards: Business Associate agrees to use appropriate safeguards to prevent use or disclosure of Protected Health Information disclosed by Agency to Business Associate other than as provided by contract with Business Associate.
- c. Mitigation: Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this BAA.
- d. Reporting: Business Associate agrees to report to Agency any use or disclosure of Protected Health Information in violation of this BAA as soon as reasonably practicable but in no event later than forty-eight (48) hours.
- e. Subcontractors and Agents: Business Associate agrees to ensure that any agents or subcontractors to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Agency, agrees to the same restrictions and conditions that apply through this BAA to Business Associate with respect to such Protected Health Information.

## **BUSINESS ASSOCIATE AGREEMENT**

- f. **Access:** When requested by Agency, Business Associate agrees to provide access to Protected Health Information in accordance with rules regarding access of individuals to information under HIPAA. Business Associate shall provide such access in the time and manner designated by Agency.
- g. **Amendment:** Business Associate agrees to make available Protected Health Information for amendment and incorporate any amendments to Protected Health Information in accordance with HIPAA. Business Associate shall provide such access in the time and manner designated by Agency.
- h. **Documentation of Disclosures:** Business Associate agrees to document such disclosures of Protected Health Information and any information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with HIPAA regulations.
- i. **Accounting:** Business Associate agrees to make available the information required to provide an accounting of disclosures in accordance with HIPAA regulations.
- j. **Audit and Inspection:** Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from or created or received by Business Associate on behalf of Agency, available to the Secretary of Health and Human Services (HHS) or HHS designee for the purposes of determining Agency's compliance with HIPAA regulations. Business Associate shall immediately notify Agency upon receipt or notice of any request by the Secretary to conduct an investigation with respect to Protected Health Information received from Agency. Such information shall be made available in a time and manner designated by Agency or the Secretary.
- k. **Notice of Request:** In the event that any Individual requests access to, amendment of, or accounting of Protected Health Information directly from Business Associate, Business Associate shall, within two (2) days, forward such request to Agency. Agency shall have the responsibility of responding to forwarded requests. However, if forwarding the Individual's request to Agency would cause Agency or Business Associate to violate HIPAA or HIPAA regulations, Business Associate shall instead respond to the individual's request as required by such law and notify Agency of such response as soon as practicable.

### **3) Permitted Uses and Disclosures by Business Associate:**

- a. **General Use and Disclosure Provisions:** Except as otherwise limited in this BAA, Business Associate may use or disclose Protected Health Information on behalf of or to provide services to Agency in connection with the performance described in any agreement between Agency and Business Associate if such use or disclosure of Protected Health Information would not violate HIPAA or HIPAA Regulations.
- b. **Specific Use and Disclosure Provisions:**
  - i. Except as otherwise limited in this BAA, Business Associate may use and disclose Protected Health Information for the proper management and

## **BUSINESS ASSOCIATE AGREEMENT**

administration of the Business Associate or to meet its legal responsibilities, provided, however, that such Protected Health Information may only be disclosed for such purposes if the disclosures are required by law, or the Business Associate obtains certain reasonable assurances from the person to whom the information is disclosed. The required reasonable assurances are that:

1. The information will remain confidential,
  2. The information will be used or further disclosed only as required by law or for the purpose for which the information was disclosed to the person, and
  3. The person will notify the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- ii. Business Associate may use and disclose Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with HIPAA and HIPAA Regulations.
- c. Business Associate may only use and disclose Protected Health Information in accordance with the Minimum Necessary Standard under HIPAA and HIPAA Regulations to the extent that such standard would apply if the activities performed by Business Associate pursuant to this BAA were performed by Agency.
- 4) **Right to Audit:** Agency and its designated representatives shall be entitled to audit Business Associate from time to time to verify Business Associate's compliance with the terms of this BAA. Written notice will be provided by Agency to Business Associate indicating intent to inspect records and other information relevant to Business Associate's compliance with the terms of this BAA. Agency will conduct its review during the normal business hours of Business Associate and to the extent feasible without unreasonably interfering with such entity's normal operations.
- 5) **Indemnification:** Business Associate shall protect, defend, reimburse, indemnify and hold Agency harmless from and against all claims, liability, expense, loss, cost, penalties, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising as a result of any disclosure of Protected Health Information due to the actions or inactions of the Business Associate.
- 6) **Term and Termination:**
- a. **Term:** This BAA shall be effective as of the date listed above and shall continue unless terminated in accordance with Section 6 (b) and/or 7 of this BAA.
  - b. **Termination for Cause:** Upon Agency knowledge of a material breach by Business Associate, Agency may, in its sole discretion, either (1) provide Business Associate with an opportunity to cure the breach and then terminate this BAA if Business

**BUSINESS ASSOCIATE AGREEMENT**

Associate does not cure the breach within time period specified by Agency or (2) terminate this BAA immediately.

- c. **Effect of Termination:** Upon termination of this BAA for any reason, Business Associate shall return or destroy all Protected Health Information received from Agency, or created or received by Business Associate on behalf of Agency. This provision shall also apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of such Protected Health Information. In the event that such return or destruction is not feasible, the Business Associate shall provide to Agency notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties, Business Associate must continue to protect such Protected Health Information in accordance with this BAA and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

7) **BAA Amendment:**

Agency and Business Associate agree that amendment of this BAA may be required to ensure that Agency and Business Associate comply with changes in State and Federal laws and regulations relating to the privacy, security and confidentiality of Protected Health Information. Agency may terminate this BAA upon thirty (30) days written notice in the event that Business Associate does not promptly enter into an amendment that Agency, in its sole discretion, deems sufficient to ensure that Agency will be able to comply with such laws and regulations.

**IN WITNESS WHEREOF** the parties hereto have executed this Business Associate Agreement as of the date first written above.

**The Center for Family Services of Palm Beach County, Inc.** (BUSINESS ASSOCIATE)

\_\_\_\_\_  
Signature

3/4/14  
\_\_\_\_\_  
Date

DR. TED GARDNER, JR.  
\_\_\_\_\_  
Print Name:

**FoundCare, Inc.** (AGENCY)

\_\_\_\_\_  
Signature: Rik Pavlescak, Ph.D., Chief Operating Officer

3/6/14  
\_\_\_\_\_  
Date

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
CHILDREN'S BEHAVIORAL HEALTH COLLABORATIVE  
FATHER FLANAGAN'S BOYS TOWN FLORIDA, INC.; CHILDREN'S CASE MANAGEMENT ORGANIZATION (dba FAMILIES FIRST);  
CENTER FOR CHILD COUNSELING; FLORIDA ATLANTIC UNIVERSITY; NATIONAL ALLIANCE ON MENTAL ILLNESS-PALM BEACH COUNTY  
AND  
CENTER FOR FAMILY SERVICES  
May 5, 2014**

**Purpose:** Father Flanagan's Boys Town Florida, Inc. (Boys Town), along with other community agencies (Children's Case Management Organization, d/b/a Families First of Palm Beach County), the Center for Child Counseling, Florida Atlantic University, and the National Alliance on Mental Illness- PBC (NAMI- PBC), are proposing to develop the Children's Behavioral Health Collaborative (CBHC). The CBHC strives to build healthy communities through a seamless, accessible, and recovery oriented system of care for children and their families in need of behavioral health services throughout Palm Beach County. This agreement between Boys Town and Center for Family Services indicates a willingness to participate in the CBHC as outlined below and will be effective upon signature of all parties. Revisions and amendments can be made to this agreement upon request and mutual consent of all affected parties.

**CBHC Objectives:**

- 1) Establish a comprehensive system of care to meet the behavioral health needs of the children and families in Palm Beach County which a) assists children in achieving success in school and in the community, and b) stabilizes their social and emotional functioning;
- 2) Ensure children and their families have access to an array of services to meet their needs, from preventative services to intensive interventions, and both formal and informal supports; and
- 3) Ensure effective utilization of resources by reducing duplication, maximizing resources, and collaboration across agencies and systems.

**Responsibilities:**

- 1) Boys Town agrees to provide Care Coordination Services to eligible youth who have existing behavioral health conditions (mental health and/or substance abuse), or are at risk of developing behavioral health issues. Boys Town further agrees to incorporate and practice the principles, values, and concepts of the Wraparound Model through:
  - a. Ensuring all collaborative partner staff participate in Wraparound Training.
  - b. Ensuring the family participant is the driver or co-collaborator in the development of their plan of care; and ensuring the family identifies who they want to be present for Wraparound Team Conferences including informal and formal supports.
  - c. Ensuring staff attend and participate in Wraparound Team Conferences and staffing for clients served.
  - d. Developing treatment/service plans that are strength-based, individualized, family driven, and adaptable based on progress and goals, and building on the natural supports of the family.
  - e. Accepting and prioritizing referrals from organizations with executed MOUs.
  - f. Providing additional services through Boys Town's Integrated Continuum of Care and/or through the system of services available to youth and families through the CBHC or other sources.

2) Center for Family Services agrees to support Boys Town and the proposed CBHC through:

a. Providing quality service(s) to eligible clients, including the following:

- Referrals to the CBHC collaborative for appropriate case management and therapeutic services for children
- Accept referrals from CBHC for early literacy through HIPPIY (Home Instruction for Parents of Preschool Youngsters)
- Accept referrals from CBHC for Triple P – Positive Parenting Program offered in community, office and family's home in English and Spanish
- Accept referrals for adults of children served by CBHC for the Partners for Change program for adults substance abusing and/or have co-occurring mental health issues

b. Accepting, making and prioritizing referrals (non-exclusively).

c. Participating in Wraparound Team Conferences and Staffings for clients served, as needed and available.

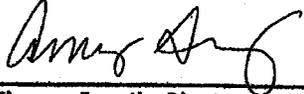
d. Attending and participating in system meetings to identify and troubleshoot issues as they arise, as needed and available

e. Adhering to standards of confidentiality and ethics

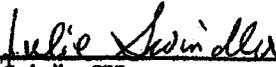
**Understandings:**

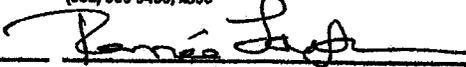
It is mutually understood that this collaborative effort has been formed for the purpose of proposing the Children's Behavioral Health Collaborative in Palm Beach County. If successful, this MOU will guide development of subcontracts/vendor agreements or a long-term MOU for specific services.

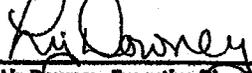
**Signatures and Contact Information:**

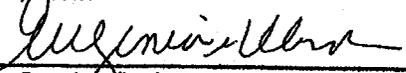
 5/7/14   
Dr. Ted Greer, Jr., CEO  
Center for Family Services  
4101 Parker Avenue  
West Palm Beach, FL 33405  
(561) 616-1222

Amy Simpson, Executive Director  
Father Flanagan's Boys Town Florida, Inc.  
3111 S. Dixie Highway, Suite 200  
West Palm Beach, FL 33405  
(561) 966-9400, x356

  
Julie Swindler, CEO  
Children's Case Management Organization  
3333 Forest Hill Blvd., 2nd Floor  
West Palm Beach, FL 33406  
(561) 721-2300

  
Renee Layman, CEO  
Center for Child Counseling  
7731 North Military Trail, Suite 4  
Palm Beach Gardens, FL 33410  
(561) 244-9499

  
Liz Downey, Executive Director  
NAMI-PBC  
1520 10<sup>th</sup> Avenue N, Suite D  
Lake Worth, FL 33460  
(561) 588-3477

  
Dr. Eugenia Millender, Director  
Florida Atlantic University  
Christina E. Lynn College of Nursing  
Community Health Center  
1560 Osceola Drive  
West Palm Beach FL 33409  
(561) 985-3783



THE CENTER FOR FAMILY SERVICES  
OF PALM BEACH COUNTY, INC.

4101 Parker Avenue  
West Palm Beach, FL 33405  
561-616-1222  
561-616-1230 FAX  
www.ctrfam.org

June 13, 2014

DCF Homeless Prevention Grant

RE: PROFESSIONAL SERVICES COMMITMENT

**Programs**

Individual and  
Family Counseling

Substance Abuse  
Treatment Services

Partners for Change

SAFE Kids Program

Pat Reeves Village  
Program REACH

HIPPY Program

Life Enrichment EAP

To whom it may concern,

This letter will confirm that The Center for Family Services (CFS) is committing to provide comprehensive mental health, substance abuse/recovery and parent education services to recipients of financial assistance through the DCF Homeless Prevention Program. Clients will be advised of the services upon the initial assessment and throughout the one-year follow-up period.

If you have any questions regarding CFS' commitment to providing these services, please do not hesitate to contact me.

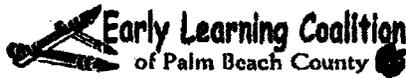
Respectfully,

Dr. Ted Greer, Jr.  
Chief Executive Officer

Cc: Barbara Hernandez, Chief Operating Officer  
Daniel Ramos, program Director, Homeless Programs

Licensed by the State of Florida,  
Department of Children and Families





Memorandum of Agreement (MOA)

Between

Homeless and Housing Alliance (HHA) hereafter referred to as "Referring Agency"

And

The Early Learning Coalition of Palm Beach County, Inc. hereafter referred to as the "Coalition"

**Purpose:**

The purpose of this understanding is to ensure coordinated efforts to plan, provide, and support activities for the early childhood community in Palm Beach County. We support the right of all children to receive a high quality educational experience.

**Responsibilities:**

**The Coalition agrees to:**

1. Develop policy and procedures for serving families who are homeless.
2. Establish a process for completing and submitting documentation.
3. Provide child care services within the timeframe outlined in the OEL Grant Agreement.
4. Notify the referring agency when the coalition has enrolled the child into care.
5. Notify the referring agency when a family was not able to complete the application process.
6. Maintain confidentiality.
7. Provide resource and referral services to families.
8. Provide a trained /dedicated specialist to serve as a liaison between the agencies.
9. Maintain a case record documenting the status of the case.
10. Adhere to s. 90.5036, Florida Statutes (F.S.) (domestic violence advocate -- victim privilege).

**The Referring Agency agrees to:**

1. Initiate the referral by completing the form and referring the family to the coalition for services by faxing the OEL referral form to Coalition's Childcare Enrollment contracted agency.
2. Utilize the OEL referral form --"Child Care Application and Authorization Form" (OEL-DV/HM 01)
3. Provide options to families on the available methods to complete the coalition application.
4. Use the "Notification of Change in Child Care Status Form" (OEL-DV/HM 02) to notify the coalition that it should transition the family out of child care services when the family is no longer participating in the program or when the family no longer needs the services.
5. Maintain confidentiality.
6. Provide resources for families.
7. Offer the families services that will help them transition out of the family's domestic violence circumstances as a condition of the family's receipt of child care services.
8. Adhere to s. 90.5036, F.S. (domestic violence advocate --victim privilege).

**The Coalition and Referring Agency Agreements:**

**The Coalition agrees to:**

1. Determine the amount of information the coalition should share in order to meet the needs of eligible child(ren) and parent(s).

2. Predetermine what documentation the coalition requires to determine eligibility.
3. Ensure that a protocol is in place to limit the abusive partner/ex-partner's access to information about his/her child(ren) for the protection of the battered individual and child(ren) for their continued safety. This protocol will be in line with HB7165 and a parent's legal right to access their child(ren)'s records.
4. Serve children younger than 13 years old.
5. As needed, make referrals to other community services.
6. Have Childcare Enrollment contracted agency process referral application within 10 days of receipt from Referring Agency.
7. Have Childcare Enrollment contracted agency track referrals and outcomes and report back in writing to referring agency those referrals that were unable to be finalized.
8. Dedicate a trained specialist to provide school readiness services to the referred families.
9. Provide child care resources or quarterly presentations at the domestic violence shelters regarding coalition services.
10. Collaborate with the Referring Agency on how to best serve the families.

**The Referring Agency agrees to:**

1. Identify a contact person at the shelter to facilitate interagency communication relative to the MOA
2. Determine the amount of information the referring agency should share in order to meet the needs of the eligible child(ren) and parent(s).
3. Predetermine what documentation the coalition will require to determine eligibility.
4. Ensure that the Coalition's protocol is available to families that would be eligible to receive a referral.
5. Make prompt referrals and, with parental consent, assist with the appointment process.
6. Make provisions for families to send, receive and access electronic information from the coalition.
7. Maintain records of referral and participation.
8. Provide collaborative awareness training sessions for coalition staff and providers on the effects of domestic violence.
9. Collaborate with the coalition on how to best serve the families.
10. Complete the comment section (Section B: Eligibility) of the "Child Care Application and Authorization Form" (OBI-DV/HM 01) if a fee waiver or reduction is authorized.

**Reviewing and implementing an MOA**

- A. The MOA is signed and executed by both the Referring Agency and the Coalition once the responsibilities of both parties have been agreed upon.
- B. If the MOA requires a change both the Referring Agency and the Coalition will meet to discuss changes. An amendment to the MOA will be written and executed by both parties for changes to occur after execution.

**Points of contact**

The following agencies have been identified as points of contact because of their membership in the Division of Human Services of Palm Beach County's Homeless and Housing Alliance.

**For Referring Agencies:**

	AGENCY	POINT OF CONTACT NAME & EMAIL	ADDRESS	PHONE #
1	Adopt A Family	Marla Evangelista MEvangelista@adoptafamilyvbc.org	1712 2 <sup>nd</sup> Ave N Lake Worth, FL 33460	561-253-1361 ext 107

2	AVDA	Jessica Escalante Pagan <a href="mailto:jescalante@avda-fl.com">jescalante@avda-fl.com</a>	P.O. Box 6161 Delray Beach, FL 33482	561-265-2900
3	Center for Family Services	Daniel Ramos <a href="mailto:DRamos@ctrfam.org">DRamos@ctrfam.org</a>	1320 Henrietta Ave West Palm Beach, FL 33401	561-514-0564
4	Children's Home Society	Julle DelMar <a href="mailto:Julle.delmar@chsfl.org">Julle.delmar@chsfl.org</a>	3333 Forest Hill Blvd, West Palm Beach, FL 33406	561-868-4384
5	Families First	Sonia McNair <a href="mailto:Smcnair@familiesfirstpbc.org">Smcnair@familiesfirstpbc.org</a>	1500 NW Avenue "L", Suite B, Belle Glade, FL 33430	561-518-0071
6	Family Promise North/Central	Rhonda Clinton <a href="mailto:rhclinton@comcast.net">rhclinton@comcast.net</a>	1003 Allendale Road West Palm Beach, FL 33405	561-318-8864
7	Family Promise South County	Mildreys Hereira <a href="mailto:mhereira@familypromisespbc.org">mhereira@familypromisespbc.org</a>	840 George Bush Blvd Delray Beach, FL 33483	561-265-3370 ext. 100
8	Holy Ground Shelter for Homeless, Inc.	Jan Kranich <a href="mailto:holygroundshelter@msn.com">holygroundshelter@msn.com</a>	200 W. 20 <sup>th</sup> Street Riviera Beach, FL 33404	561-355-5040
9		Ijubica Ciric <a href="mailto:iciric@cp-sto.org">iciric@cp-sto.org</a>	2001 Blue Heron Blvd. W. Riviera Beach, FL 33404	561-841-3500 ext. 2246
		Tracy Speranza <a href="mailto:tfarrar@cp-sto.org">tfarrar@cp-sto.org</a>		561-841-3500 ext. 2239
10	The Lord's Place	Monica Escobar <a href="mailto:mescobar@thelordsplace.org">mescobar@thelordsplace.org</a>	2808 N. Australian Ave. West Palm Beach, FL 33407	561-494-0125 ext. 2212
11	YMCA of PBC Harmony House	Vicki Frey <a href="mailto:vfrey@ywcapbc.org">vfrey@ywcapbc.org</a> <a href="mailto:vicki7194@bellsouth.net">vicki7194@bellsouth.net</a>	2200 Florida Mango Rd Suite 102 West Palm Beach, FL 33409	561-968-9465
12	The Lewis Center	Nydia Sabugo-Marrou <a href="mailto:NMarrou@lewiscenterpbc.org">NMarrou@lewiscenterpbc.org</a>	1000 45 <sup>th</sup> Street West Palm Beach, FL 33407	561-904-7887

**For Coalition:**  
Christie Young  
Chief Operating Officer  
Early Learning Coalition of Palm Beach County  
(561) 214-7424  
2300 High Ridge Road, Suite 115  
Boynton Beach, FL 33426

**For Childcare Enrollment and Resource and Referral Services:**  
Gail Fabian  
Director, CARE Department  
Family Central, Inc.  
(561) 514-3337 / FAX # (561) 514-3309  
3111 South Dixie Highway, Suite 222  
West Palm Beach, FL 33403

**Confidentiality notices**

Pursuant to section 1002.97(1)-(2), F.S., the individual records, held by the early learning coalition or the Office of Early Learning, of children enrolled in the school readiness program are confidential and are exempt from public records statutes (section 119.17(1) and 24(a), Article 1 of the State Constitution). Records include assessment data, health data, records of teacher observations and personal identifying information. A parent has the right to inspect and review the individual school readiness program record of his or her child and to obtain a copy of the record.

In accordance with section 90.5036(1)(d)&(2), F.S., communication between a domestic violence advocate and a victim is confidential if it relates to the incident of domestic violence for which the victim is seeking assistance and if it is not intended to be disclosed to third persons other than those persons present to further the interest of the victim in the consultation, assessment or interview. A victim has the privilege to refuse to disclose and to prevent any other person from disclosing a confidential communication made by the victim to a domestic violence advocate or any record made in the course of advising, counseling or assisting the victim.

**Approval**

  
Warren Eldridge, CEO  
Early Learning Coalition of Palm Beach County, Inc.

11-5-2013  
Date

Homeless Housing Alliance (HHA)  
By: Pam O'Brien, Chair  
Name, Title Agency

10/29/13  
Date

In the event of two or more applicants having the same total score, the applicant with the highest ratio of other public and private funding to the grant request will be ranked higher.

**Applicant Certification**

The responses to the above scoring criteria are true and accurate:

*per* Hal P. Valerick  
Name of Authorized Officer  
Priscilla A. Taylor, Mayor

6/19/14  
Date

\_\_\_\_\_  
Signature

**APPROVED AS TO TERMS  
AND CONDITIONS**

**Attach all documents immediately following this certification.**

**BY:** [Signature]  
**DEPARTMENT HEAD**

**ATTEST:  
SHARON R. BOCK  
CLERK AND COMPTROLLER**

By: \_\_\_\_\_  
Deputy Clerk

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

By: [Signature]  
for Chief Assistant County Attorney

**Tab 4: Budget Proposal, Match and Explanation**

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

BUDGET NARRATIVE

**Overall Agency Budget Information:** Center for Family Services (CFS) overall proposed agency budget for Fiscal year July 2014- June 2015 as of June 12, 2014 is approximately **\$3,586,070**. 4.5% or \$161,706 of the total agency budget is dedicated to our Homeless Prevention Program. The remaining 95.5% of the agency budget is allocated to more than eight (8) direct service programs, administration, development and a resale boutique.

CFS receives its core funding from the following entities:

- South East Behavioral Health Network (ME) – **Committed** (mental health and substance abuse services)
- Palm Beach County FAA – **Committed** (mental health, emergency shelter and substance abuse)
- The Children’s Services Council – **Committed** (Parent education initiatives)
- University of South Florida – **Committed** (In-home Parent Education program)
- Town of Palm Beach County – **Committed** (Mental health and emergency shelter services)
- Various Foundations – **Committed** (All core agency programs)
- Victims of Crime Act (VOCA) – **Committed** (Mental health/counseling)
- Fundraising/Special Events – **Committed** annual events (All core agency programs)
- Program Service Fees and Insurance Billing – **Committed** (Mental health and substance abuse services)

There are anticipated grant applications from various foundations for the 2014-2015 budget-year.

**Budget Narrative for DCF Homeless Prevention Grant Program:**

Pursuant to the detailed budget for the Homeless Grant Program, the breakdown is as follows:

1. **Past due rent or mortgage assistance:** CFS proposes to dedicate **\$37,730** of \$70,000 to housing assistance for eligible participants. Moreover, CFS will provide leverage/match dollars in the amount of \$87,439 for housing assistance. Along with utility assistance, CFS will provide assistance to 35 or more unduplicated eligible participants.
2. **Past due Utility Assistance (electric, gas, water and sewer only):** CFS proposes to dedicate \$16,170 to Utility Assistance. CFS will also provide leverage/match dollars in the amount of \$15,430 for utility assistance. Along with housing assistance, CFS will provide assistance to 35 or more unduplicated eligible participants.
3. **Case Management:** CFS proposes to dedicate \$14,000 of the total grant request for a .5 FTE to provide case management support services for the 35 unduplicated families that receive financial assistance throughout the grant year.

4. **Grant Administration:** CFS will dedicate \$2,100 for administrative cost to administer the grant. These costs include staff supervisory oversight, internal check processing and accounting and required internal and DCF required reporting activities.
5. **Grant total:** CFS is requesting a total of \$70,000 for DCF Homeless Prevention Grant Program. CFS will provide 60% leverage/match dollars in the sum total of \$102,869.

**Management and Oversight of Budget:** CFS is governed by a volunteer Board of Directors. As part of its governance structure, a Finance Committee is established as a standing committee of the Board of Directors. The Finance Committee provides oversight of the agency budgetary and fiscal matters, and provides guidance to the Chief Executive Officer and the Chief Financial Officer.

**Key Executive Staff:**

Dr. Ted Greer, Jr., Chief Executive Officer  
Barbara Hernandez, LMHC, Chief Operating Officer  
Melissa Moore, Chief Financial Officer  
Stanton Collemer, Chief Development Officer  
Daniel Ramos, Program Director, Homeless Programs

**Appendix IV - Budget Forms**

**Homelessness Prevention Grant  
Budget for FY2014 - 2015**

<u>Eligible Activity</u>	<u>Grant Funds</u>	<u>Leveraged</u>
1. Past due rent or mortgage assistance	37,730	87,439
2. Past due utility payments (electric, gas, water, sewer only)	16,170	15,430
3. Case management		
a. Salaries & Benefits		
Number of FTE's <u>.5</u>	14,000	-
b. Operating expenses		
4. Grant Administration (Maximum = 3% of total award)	2,100	-
	<b>Total</b>	
	<u>70,000</u>	<u>102,869</u>

**THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY INC  
BUDGET BY LINE FOR PROGRAM  
2014-2015**

<b>REVENUE CATEGORY</b>	
Palm Beach County (REACH)-thru 9/30	108,837
Town Of Palm Beach United Way	40,000
<b>TOTAL REVENUE</b>	<b>148,837</b>
<b>EXPENDITURE</b>	
<b>PERSONNEL &amp; RELATED COSTS</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>325,731</b>
<b>TELEPHONE</b>	
<b>TOTAL TELEPHONE</b>	<b>9,060</b>
<b>PRINTING</b>	
<b>TOTAL PRINTING</b>	<b>180</b>
<b>INSURANCE</b>	
<b>TOTAL INSURANCE</b>	<b>11,084</b>
<b>TRAVEL &amp; TRANSPORTATION</b>	
<b>AUTO EXPENSE</b>	<b>3,000</b>
<b>UTILITIES</b>	
<b>TOTAL UTILITIES</b>	<b>51,600</b>
<b>BUILDING MAINTENANCE</b>	
<b>TOTAL BUILDING MAINT.</b>	<b>8,960</b>
<b>OFFICE SUPPLIES</b>	
<b>TOTAL OFFICE SUPPLIES</b>	<b>1,200</b>
<b>FOOD SERVICES</b>	
<b>PROGRAM SUPPLIES</b>	<b>1,300</b>
<b>TOTAL SPECIFIC ASSISTANCE TO INDIVIDUALS</b>	<b>128,559</b>
<b>TOTAL COST</b>	<b>544,574</b>
Net Over / (Short)	(395,737)
<b>FOUNDATIONS</b>	
<b>FUNDRAISING/CONTRIBUTIONS</b>	<b>145,737</b>
Total Revenues	544,574
Total Expenditures	544,574

**Tab 5: Supporting Materials and Required Certifications**

**Appendix III-Certification that Prevention Program is Contained in the CoC Plan**

In compliance with section 414.161(3). F.S., the homeless prevention program to be funded must be included in the CoC Plan.

As the designated lead agency for this homeless CoC planning area, I certify that the Homeless Prevention Program to be implemented by Center for Family Services of Palm Beach County, Inc is contained in current approved CoC Plan, as submitted for the 2013/2014 competition to the U.S. Department of Housing and Urban Development.

On behalf of this CoC, HUD FL 605, the above certification is made and is true and accurate. Further I am duly authorized to make this certification on behalf of the CoC.

Name of Certifying Official : Kasha Owers

Title: Homeless and Housing Alliance Executive Committee, Chair

Signature: Kasha Owers

Date: 6/13/2014

Please print this page for your records.

[Print](#)

## Registration Summary

### General Vendor Information

**Vendor Name:** The Center for Family Services of Palm Beach County, Inc.  
**Short Name (Does Business As):** CFS  
**Ariba Network ID:**  
**Dun and Bradstreet Number:** 092240571  
**Web Site:** <http://www.ctrfam.org>  
**Federal Tax ID Number:** F591084179  
**Name that appears on 1099 Form:** The Center for Family Services of Palm Beach County, Inc.  
**W9 Status:** Valid W-9 on File  
**DFS W9 Last Update Date:** Apr 8, 2011  
**Business Designation:** Not-for-Profit Corporation

### Contacts

Name	Title	Phone	Fax	Email
Dr. Ted Greer, Jr.	Executive Director	561-616-1264	561-616-1230	tgreer@ctrfam.org
Barbara Hernandez	Chief Operating Officer	561-616-1256	561-616-1230	bhernandez@ctrfam.org
Melissa Moore	Chief Financial Officer	561-616-1253	561-616-1230	mmoore@ctrfam.org

### Locations

<u>Center for Family Services PB</u>		<u>Sequence 016</u>
<b>P.O. Info:</b> Orders:EMAIL Email:tgreer@ctrfam.org Fax:561-616-1230 Contact:Dr. Ted Greer, Jr.	<b>Remit To:</b> Fax:561-616-1230 Contact:Dr. Ted Greer, Jr.	<b>Billing Contact:</b> Email: Fax:561-616-1230 Contact:Dr. Ted Greer, Jr.
4101 Parker Ave West Palm Beach, FL 33405 Palm Beach US	4101 Parker Ave West Palm Beach, FL 33405 Palm Beach US	4101 Parker Ave West Palm Beach, FL 33405 Palm Beach US
<u>The Center for Family Services</u>		<u>Sequence 015</u>
<b>P.O. Info:</b> Orders:EMAIL Email:dpik@ctrfam.org Fax:561-616-1230 Contact:Melissa Moore	<b>Remit To:</b> Fax:561-616-1230 Contact:Dr. Ted Greer, Jr.	<b>Billing Contact:</b> Email: Fax:561-616-1230 Contact:Dr. Ted Greer, Jr.
4101 Parker Ave West Palm Beach, FL 33405	4101 Parker Ave West Palm Beach, FL 33405	4101 Parker Ave West Palm Beach, FL 33405

Palm Beach US	Palm Beach US	Palm Beach US
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**Certified Business Enterprise Info (CBE)**

**Minority Business Designation:** Non-Minority  
**Woman Owned Designation:** Non-Woman-Owned  
**SDVBE Owned Designation:** Non-SDVBE

**Solicitation Selection**

**Registered for Solicitations:** Yes  
**Registered for VBS:** Yes  
**Solicitation/Sales Contact Email:** dpik@ctrfam.org

**Florida Terms of Use**

**Accepted: 01/06/2004 by David Pike**

**Commodity Codes**

- 911-120 DOMESTIC VIOLENCE/COUNSELING; AGING AND ADULT SERVICES
- 911-150 DOMESTIC VIOLENCE/INFORMATION, EDUCATION, AND REFERRAL; AGING AND ADULT
- 911-210 DOMESTIC VIOLENCE/SHELTER SERVICES; AGING AND ADULT SERVICES
- 911-222 EMERGENCY SHELTER SERVICE; AGING AND ADULT SERVICES
- 911-410 GROUP ACTIVITY THERAPY; ADULT SERVICES SERVICES
- 912-007 CLINICALLY SECURE EMERGENCY SHELTER SERVICE; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-009 COUNSELING/THERAPY; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-010 CONSULTATION SERVICE; ALCOHOL, DRUG ABUSE, TOBACCO, AND MENTAL HEALTH SERVICES
- 912-012 CRISIS STABILIZATION SERVICE; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-030 INFORMATION AND REFERRAL SERVICE; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-035 INTENSIVE CRISIS COUNSELING; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-110 MENTAL HEALTH SERVICES-INPATIENT AND/OR OUTPATIENT; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-150 PUBLIC INFORMATION, EDUCATION AND PREVENTION; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-170 SERVICES FOR THE HOMELESS; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 912-190 SUBSTANCE ABUSE PROGRAMS-ALCOHOL AND/OR DRUG; ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
- 913-087 CHILD ABUSE COUNSELING; CHILDREN, YOUTH, AND FAMILIES SERVICE
- 913-090 CHILD ABUSE PREVENTION; CHILDREN, YOUTH, AND FAMILIES SERVICE
- 913-100 CHILD ABUSE TRAINING; CHILDREN, YOUTH, AND FAMILIES SERVICE
- 913-138 COUNSELING; CHILDREN, YOUTH, AND FAMILIES SERVICE
- 913-140 COUNSELING THERAPY FOR DEPENDENT YOUTH; CHILDREN, YOUTH, AND FAMILIES SERVICE
- 913-143 COUNSELING FAMILY, IN HOME THERAPEUTIC SERVICES,

<https://vendor.myfloridamarketplace.com/vms-web/spring/vrsexistingvendor?execution=e5s17>

6/11/2014

913-295 FAMILY EMERGENCY SHELTER SERVICE; CHILDREN, YOUTH, AND FAMILIES SERVICE  
913-300 FAMILY SUPPORT SERVICE; CHILDREN, YOUTH, AND FAMILIES SERVICE  
913-311 INTENSIVE CRISIS COUNSELING; CHILDREN, YOUTH, AND FAMILIES SERVICE  
913-433 SEXUAL ABUSE TREATMENT; CHILDREN, YOUTH, AND FAMILIES SERVICE  
913-473 THERAPY FOR DELINQUENT YOUTH; CHILDREN, YOUTH, AND FAMILIES SERVICE

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**Appendix VI - Certification of HMIS Compliance**

Participation in the HMIS is a requirement for receipt of homeless grant funds. HMIS requirements are outlined in 24 C.F.R. Part 576. Accordingly, only applicants who commit to participate in the HMIS will be considered for funding in 2014. Section 605 of the Violence Against Women Act of 2005 amended the McKinney-Vento Homeless Assistance Act prohibits victim services providers from entering personally-identifying information into an HMIS database. This law applies to providers receiving Violence Against Women Act and/or Family Violence Prevention and Services Act funding. Domestic violence services providers are not required to participate in HMIS, but shall provide aggregate service data on persons served and outcomes achieved consistent with those identified in this solicitation.

I have read the above statement regarding HMIS and agree on behalf of the applicant applying for these homeless prevention grant funds, that the applicant will fully participate in HMIS and that receipt of grant funds is contingent on HMIS participation.



\_\_\_\_\_  
(Signature of authorized representative for the applicant)

6/12/2014

\_\_\_\_\_  
(Date)

DR Ted Greer, Jr

\_\_\_\_\_  
(Printed name of the above signatory)



Department of the Treasury  
Internal Revenue Service  
1301 CLAY ST  
OAKLAND, CA. 94612

In reply refer to: 0458252113  
Sep 07, 2010 LTR 147C  
59-1084179

THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY INC  
4101 PARKER AVE  
WEST PALM BCH FL 33405-2507 010

Taxpayer Identification Number: 59-1084179

Form(s):

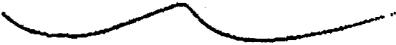
Dear Taxpayer:

This letter is in response to your telephone inquiry of May 7th, 2010.

Your Employer Identification Number (EIN) is 59-1084179. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

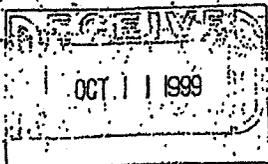
Sincerely,

  
GREGORY PANG  
0247692  
Customer Service Representative

Internal Revenue Service  
District Director

Date: October 5, 1999

The Center for Family Services of Palm Beach County  
Inc.  
471 Spencer Dr.  
W Palm Beach, FL 33409-3875



Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Sheena Wallace 31-04021  
Customer Service Representative  
Telephone Number:  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
59-1084179

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The Center for Family Services of Palm Beach County Inc,  
58-1084179

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

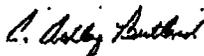
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director

Please print this page for your records.

[Print](#)

## Registration Summary

### General Vendor Information

**Vendor Name:** Palm Beach County Board of County Commissioners  
**Short Name (Does Business As):**  
**Ariba Network ID:**  
**Dun and Bradstreet Number:** 078470481  
**Web Site:** <http://www.pbcgov.org/>  
**Federal Tax ID Number:** F596000785  
**Name that appears on 1099 Form:** Palm Beach County Board of County Commissioners  
**Business Designation:** Government Entity - County

### Contacts

Name	Title	Phone	Fax	Email
Taruna Malhotra	Director of Financial & Support Services	561-355-4716	561-355-4801	tmalhotr@pbcgov.org

### Locations

Department of Community Service		Sequence 241
<b>P.O. Info:</b> Orders:EMAIL Email:tmalhotr@pbcgov.org Fax: Contact:Taruna Malhotra	<b>Remit To:</b> Fax: Contact:Taruna Malhotra	<b>Billing Contact:</b> Email: Fax: Contact:Taruna Malhotra
810 Datura Street Suite 200 West Palm Beach , FL 33401 Palm Beach US	810 Datura Street Suite 200 West Palm Beach , FL 33401 Palm Beach US	810 Datura Street Suite 200 West Palm Beach , FL 33401 Palm Beach US

### Certified Business Enterprise Info (CBE)

**Minority Business Designation:** Non-Minority  
**Woman Owned Designation:** Non-Woman-Owned  
**SDVBE Owned Designation:** Non-SDVBE

<https://vendor.myfloridamarketplace.com/vms-web/spring/checklogin?execution=e2s4>

2/20/2014

**Solicitation Selection**

**Registered for Solicitations:** No  
**Registered for VBS:** No

**Florida Terms of Use**

**Accepted:** 02/20/2014 by **Taruna Malhotra**

**Commodity Codes**

No Commodity Codes Selected

**Close Window**

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**Vendor Summary**

I want to:

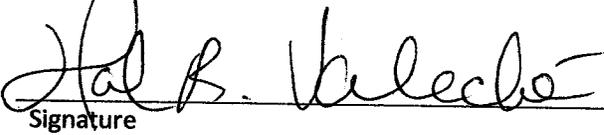
<p><b>Vendor Information</b></p> <p><b>Vendor Name:</b> Palm Beach County Board of County Commissioners    <b>FEIN:</b> F596000785  <b>1099 Name:</b> Palm Beach County Board of County Commissioners</p>	
<p><b>Vendor Registration</b></p> <p><b>W9 Status:</b> Valid W-9 on File  <b>DFS W9 Last Update Date:</b> Mar 27, 2013  <b>Ariba Network ID:</b>  <b>Dun and Bradstreet Number:</b> 078470481  <b>Company Website:</b> <a href="http://www.pbcgov.org/">http://www.pbcgov.org/</a>  <b>Number of Contacts:</b> 1  <b>Number of Locations:</b> 1  <b>Main Contact:</b> Malhotra, Taruna                  Director of Financial &amp; Support Services                  tmalhotr@pbcgov.org                  Phone: 561-355-4716                  Fax: 561-355-4801</p> <p><b>Certified Business Enterprise Information:</b>                  Minority Business Designation: Non-Minority                  Woman Owned Designation: Non-Woman-Owned                  SDVBE Owned Designation: Non-SDVBE  <b>Solicitation Selections:</b>                  Receiving formal solicitations for statewide contracts: No                  Receiving formal solicitations for agency/local contracts: No</p> <p><input type="button" value="Print Vendor Registration"/></p>	<p><b>MFMP Fee Tracking</b></p> <p><b>Vendor Status:</b> Non-State Term Contract  <b>Billing and Collections Snapshot</b>  <b>Prior MFMP Fee</b>                  Balance: \$0.00                  Payments/Credits: \$0.00                  New Charges: \$0.00                  Current Balance Due: \$0.00                  Last Report Submitted:</p> <p><b>Performance Tracking</b></p> <p><b>Overall Rating:</b> 3.0  <b>Actual Submissions:</b> 3  <b>Potential Submissions:</b> 6  <b>Rating Categories</b>                  Performance to Specification: 3.0                  Delivery: 3.0                  Invoicing: 3.0                  Customer Service: 3.0</p>

**Appendix VIII – Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

  
\_\_\_\_\_  
Signature

6/19/14  
\_\_\_\_\_  
Date

*for* Priscilla A. Taylor, Mayor  
\_\_\_\_\_  
Name of Authorized Individual

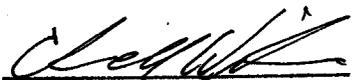
LP213  
\_\_\_\_\_  
Application or Contract Number

301 N. Olive Avenue, West Palm Beach, FL 33411  
\_\_\_\_\_  
Address of Organization

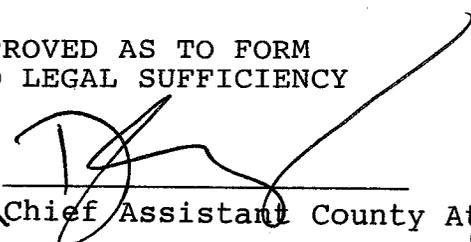
ATTEST:  
SHARON R. BOCK  
CLERK AND COMPTROLLER

**APPROVED AS TO TERMS  
AND CONDITIONS**

By: \_\_\_\_\_  
Deputy Clerk

BY:   
**DEPARTMENT HEAD**

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By:   
\_\_\_\_\_  
for Chief Assistant County Attorney  
50

Tab 6: Completeness Checklist

**Appendix VII - Completeness Checklist**

Applicants must complete the Completeness Checklist using this form to help assure that all required documents are contained in their grant application. The completed checklist shall be included in the submission in **Tab 6**.

Application Content Item	Complete	Tab Number	Page(s)
1. Original Application, plus one copy	_____	_____	_____
2. Transmittal Letter, Signed by Authorized Organization Official	_____	_____	<u>1</u>
3. Organization Information-Tab 1 Addressed all items, 1 to 6 Attached supporting documents	_____ _____ _____	<u>1</u>	<u>3-4</u>
4. Project Narrative – Tab 2 Addressed all items, as required (See p.21)	_____ _____ _____	<u>2</u>	<u>5-9</u>
5. Application Form: Criteria Preference <ul style="list-style-type: none"> <li>• Addressed all criteria, a to g</li> <li>• Attached supporting Documentation?</li> <li>• Certification signed by Authorized Official?</li> </ul>	_____ _____ _____ _____	<u>3</u>	<u>10-32</u>  <u>32</u>
6. Budget Forms	_____	<u>4</u>	<u>33-37</u>
Forms completely filled out?	_____	_____	_____
Budget narrative included?	_____	_____	<u>35-36</u>
7. Evidence of MyFloridaMarketplace Registration? (CFS)	_____	<u>5</u>	<u>38-42</u>
8. Certification of HMIS Compliance?	_____	<u>5</u>	<u>43</u>
9. If applicant is nonprofit, evidence of IRS	_____	_____	<u>44-46</u>
10. Evidence of MyFloridaMarketplace Registration? (PBC BCC)	_____	<u>5</u>	<u>47-49</u>
11. Certification Regarding Lobbying	_____	<u>5</u>	<u>50</u>
12. Completeness Checklist	_____	<u>6</u>	<u>51-52</u>